

Commonwealth of Kentucky  
Department of Alcoholic Beverage Control  
1003 Twilight Trail  
Frankfort, Kentucky 40601-8400

(502) 564-4850 Phone  
(502) 564-1442 Fax

**(ATTACHED LIVING QUARTERS)**

**APPLICANT:** \_\_\_\_\_

**DBA:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

I hereby acknowledge that there are living quarters connected to my proposed alcoholic beverage establishment.

These living quarters are not sealed off from the proposed alcoholic beverage establishment.

I fully understand that these quarters are subject to inspection by enforcement officers of the Kentucky Office of Alcoholic Beverage Control.

**Applicant's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Enforcement Officer:** \_\_\_\_\_ **Date:** \_\_\_\_\_